

INTERSTATE COMPACT PLACEMENT REQUEST (ICPC)

The ICPC Form 100A is a six-copy form on NCR (no carbon required) paper. Use it to request the required pre-placement evaluation for the proposed relative, foster care or adoptive placement into an ICPC member state. Remove these instructions before completing the form. Use a typewriter or press **HARD** using a ballpoint pen. Three copies of all supporting documents and other enclosures, including narrative reports, must be submitted with five copies of the DSHS 15-092 (ICPC 100A) to the Washington ICPC Office. (Notarized statement of intent to place for an independent adoption may be an original and two photocopies.)

SPECIFIC INSTRUCTIONS FOR COMPLETING DSHS 15-092 (ICPC 100A)

1. TO: (Name and address of compact administrator in receiving state) Enter only the name of the state followed by ICPC, for example, Oregon ICPC.
2. SECTION I - IDENTIFYING DATA - **MARK APPROPRIATE IV-E ELIGIBILITY BOX**
 - A. **Name of child:** if child is not yet born, enter last name of the mother followed by the word "unborn" and her due date. Otherwise, enter child's name (as shown on the birth certificate), sex, birthdate and ethnic group.
 - B. **Name of Mother/father:** give full names. Enter deceased or unknown when appropriate.
 - C. **Name of agency or person responsible for planning for child:** this is usually the agency having custody and control by relinquishment or court order. In private parental placements, the parent is responsible for planning. In independent adoptive placements it is usually the birth parent. Enter the appropriate telephone number and address including street address, city, state and zip code.
 - D. **Name of agency or person financially responsible for child:** this is usually the agency having custody and control by relinquishment or court order. In private parental placements, the parent is financially responsible. In independent adoptive placements it is usually the birth parent. If this agency or person and item 2C are the same person or agency, "same" may be entered. Otherwise enter telephone number and complete address.
3. SECTION II - PLACEMENT INFORMATION
 - A. **Name of person or facility with whom the child is to be placed:** if child is to be placed with a couple, give both first names and the family names. If the child is being placed in a child-care facility enter the complete name. Enter complete address and telephone number in both cases.
 - B. **Type of care:** check the appropriate box. When a child is going to another state for an independent adoption, the adoption is usually completed in the receiving state. If placement with relative is for adoption check **ONLY** adoption blocks.
 - C. **Legal status:** in Washington the public social service agency usually checks "Sending Agency Custody/Guardianship." The parent or relative usually checks "Parent Relative Custody/Guardianship." The public or private adoption agency usually checks "Parental Rights Terminated - Right to Place for Adoption."
4. SECTION III - SERVICES REQUESTED
 - A. **Initial Report:** Place an "X" in the appropriate box for the type of study requested based on the type of care requested in Section II.
 - B. **Supervisory services:** place an "X" in the appropriate box indicating how supervisory services are to be conducted. It is not appropriate for the sending agency (Washington) to supervise a placement in another state.
 - C. **Supervisory reports:** to be completed even though placement may not be a certainty at this time. Indicate how frequently you wish to receive progress reports; most common is Quarterly. Be very discriminating in your use of Upon Request because that leaves the provision of supervision open-ended with no commitment to provide that service until you request it; use Other when you wish to receive reports in a less usual time frame, such as monthly or annually (specify the time frame).
 - D. **Name and address of supervisory agency in receiving state:** if known, enter name and address. If not known by the sending agency, that information should be completed by the receiving state's Compact Office following receipt of a recommendation indicating that placement may be made.
 - E. **Enclose:**
 - 1) Child's social history: enclose a description of the child's physical, social, emotional, psychological and medical history and include any psychological, medical, education or other relevant reports. When approval is requested for the independent adoptive placement of an unborn child, the parent's social and medical history is the child's history.
 - 2) Court Order: enclose copies of all legal documents currently in effect, e.g., custody/guardianship orders, court orders, consents, relinquishments, acknowledgement and waivers, orders terminating parental rights, orders requesting home study for a court, etc. For private parental placements, enclose a notarized statement of the parent's intent to place the child (upon birth, if unborn), in a group home, private institution or with specifically named persons for an independent adoption. The statement must include the complete names, street address, city and state of the persons with whom the parent plans to place the child.
 - 3) Home study of placement resource: enclose the home study report if completed by the sending or receiving state.
 - 4) Other enclosures: enclose any other evaluations and reports pertinent to the placement. It is not necessary to list these items on the ICPC 100A.
 - F. **Signature of sending agency or person:** this is usually the parent or the person empowered to act on behalf of the agency designated in Section I as responsible for planning for the child.
 - G. **Signature of sending state compact administrator or alternate:** This is signed by the person authorized to sign on behalf of the Department of Social Services, ICPC Office.

SECTION IV - ACTION BY RECEIVING STATE

This is completed by the compact office in the receiving state.



INTERSTATE COMPACT PLACEMENT REQUEST

CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND
FAMILY SERVICES
ICPC-100A

1. TO: (Name & Address of Compact Administrator in Receiving State)		FROM: (Name and Address of Compact Administrator in Sending State) Washington Interstate Compact Manager Department of Social and Health Services (MS: 45711) 14th & Jefferson/P. O. Box 45711 Olympia, Washington 98504-5711																
2. SECTION I - IDENTIFYING DATA TITLE IV-E ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO																		
NOTICE IS GIVEN OF INTENT TO PLACE: A. NAME OF CHILD		SEX:	DATE OF BIRTH:															
B. NAME OF MOTHER:		ETHNIC GROUP:																
C. NAME OF AGENCY OR PERSON RESPONSIBLE FOR PLANNING FOR CHILD:		TELEPHONE NUMBER:																
ADDRESS:																		
D. NAME OF AGENCY OR PERSON FINANCIALLY RESPONSIBLE FOR CHILD:		TELEPHONE NUMBER:																
ADDRESS:																		
3. SECTION II - PLACEMENT INFORMATION																		
A. NAME OF PERSON(S) OR FACILITY CHILD IS TO BE PLACED WITH:		TELEPHONE NUMBER:																
ADDRESS:																		
B. TYPE OF CARE: <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Residential Treatment Center</td><td><input type="checkbox"/> Parent</td><td><input type="checkbox"/> Adoption</td></tr><tr><td><input type="checkbox"/> Foster Home Care</td><td><input type="checkbox"/> Child-caring institution</td><td><input type="checkbox"/> Subsidy/IV-E Assistance</td></tr><tr><td><input type="checkbox"/> Group Home Care</td><td><input type="checkbox"/> Institutional Care Article (IV)</td><td>Relationship: _____</td></tr><tr><td colspan="2"></td><td>To be finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State</td></tr><tr><td colspan="2"><input type="checkbox"/> Other: _____</td><td></td></tr></table>				<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Parent	<input type="checkbox"/> Adoption	<input type="checkbox"/> Foster Home Care	<input type="checkbox"/> Child-caring institution	<input type="checkbox"/> Subsidy/IV-E Assistance	<input type="checkbox"/> Group Home Care	<input type="checkbox"/> Institutional Care Article (IV)	Relationship: _____			To be finalized in: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	<input type="checkbox"/> Other: _____		
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C. LEGAL STATUS: <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> Sending Agency Custody/Guardianship</td><td><input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption</td></tr><tr><td><input type="checkbox"/> Parent Relative Custody/Guardianship</td><td><input type="checkbox"/> Unaccompanied Refugee Minor</td></tr><tr><td><input type="checkbox"/> Court Jurisdiction Only</td><td><input type="checkbox"/> Other: _____</td></tr></table>				<input type="checkbox"/> Sending Agency Custody/Guardianship	<input type="checkbox"/> Parental Rights Terminated - Right to Place for Adoption	<input type="checkbox"/> Parent Relative Custody/Guardianship	<input type="checkbox"/> Unaccompanied Refugee Minor	<input type="checkbox"/> Court Jurisdiction Only	<input type="checkbox"/> Other: _____									
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4. SECTION III - SERVICES REQUESTED																		
A. INITIAL REPORT (If applicable): <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study	B. SUPERVISORY SERVICES: <input type="checkbox"/> Request Receiving State Arranges Supervision <input type="checkbox"/> Another Agency Agrees to Supervise <input type="checkbox"/> Sending Agency Supervises	C. SUPERVISORY REPORTS: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Upon Request <input type="checkbox"/> Other: _____																
D. NAME AND ADDRESS OF SUPERVISING AGENCY IN RECEIVING STATE																		
E. ENCLOSED: (1) <input type="checkbox"/> Child's Social History (2) <input type="checkbox"/> Court Order (3) <input type="checkbox"/> Home Study of Placement Resource (4) <input type="checkbox"/> Other Enclosures																		
F. SIGNATURE OF SENDING STATE AGENCY OR PERSON:			DATE SIGNED:															
G. SIGNATURE OF SENDING STATE COMPACT ADMINISTRATOR OR ALTERNATE:			DATE SIGNED:															
5. SECTION IV - ACTION BY RECEIVING STATE																		
<input type="checkbox"/> Placement May be Made <input type="checkbox"/> Placement Shall Not be Made		REMARKS:																
SIGNATURE OF RECEIVING STATE COMPACT ADMINISTRATOR OR DESIGNEE:			DATE SIGNED:															
DISTRIBUTION: Complete Six (6) copies of this form ?? Sending Agency retains 1 copy and forwards 5 copies to: ?? Sending Compact Administrator retains 1 copy and forwards 4 copies to: ?? Receiving Agency Compact Administrator indicates action (Section IV) and forwards 1 copy to receiving agency and 2 copies to sending Compact Administrator with 30 days. ?? Sending Compact Administrator retains 1 completed copy and forwards the other completed copy to the Sending Agency.																		